

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0030844

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 113

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0275
2 0275
3
4 1
5 2
6
7 0
8 2
9 1/200
10
11
12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Cooper

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Boonville Length of stay in lb 37 yrs.

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper

c. CITY OR TOWN Boonville Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 120 Water St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) Mamie Lee Acton

4. DATE OF DEATH Month Day Year
Aug. 25 1964

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/8/1897

9. AGE (last birthday) 66

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (City and state or country) Deer Park, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME James Harrison Nixon

13b. MOTHER'S MAIDEN NAME Kathryn French Howard

14. NAME OF HUSBAND OR WIFE John Thomas Acton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 61 Mrs. Clyde James Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
DUE TO (b) with Atrial Fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Diabetes

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-12-64 to 8-25-64 and last saw her alive on 8-25-64
Death occurred at 2:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE TC Beckett (Degree or title) m.d.

22b. ADDRESS Boonville Mo

22c. DATE SIGNED 8-26-64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/27/1964

23c. NAME OF CEMETERY OR CREMATORY Walnut Grove

23d. LOCATION (City, town, or county) (State) Boonville Missouri

24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.

25. DATE RECD. BY LOCAL REG. 8/25/64

26. REGISTRAR'S SIGNATURE JG Hooper

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 21 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.